

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/1672265 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	24					
4	3					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1		1		1	
17			1		1	
18			1			
19			1		1	
20			1		1	
21			1			
22			1			
23			1			
24			1			
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49						
50						
TOTAL IND.	1		1		1	
TOTAL DEP.	10	→	14	→	5	→
TOTAL CLAIMS	17		16		6	

*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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100					
TOTAL IND.					
TOTAL DEP.		→		→	
TOTAL CLAIMS					